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Group Treatment for Race-related Stresses among Minority Vietnam Veterans

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Abstract Treatment for symptoms arising from exposure to adverse race-related events is critical to culturally competent healthcare delivery to ethnic minorities, particularly in light of recent findings demonstrating significant relationships between adverse race-related events and post-traumatic stress disorder (PTSD) and general psychiatric distress. This article offers a developmental model consisting of stages by which psychological symptoms develop in response to race-related stressors in the military. This article also describes a model of group treatment for ethnic minority veterans related to psychological symptoms arising from exposure to race-related stressors. Both models were used in a race-related support group for Pacific Islander Vietnam veterans diagnosed with PTSD. A combined approach of group intervention, psychosocial education, identity reframing, cognitive differentiation, and cognitive restructuring, which included 'depersonalizing discrimination' and rejection of faulty beliefs, appear to offer an effective approach to treating psychological sequelae arising from

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adverse race-related events. This article offers an intervention model that is linked to a developmental model of race-related stressors for Asian American Pacific Islander minority personnel in the military.

Key words Chamorro • ethnic minority veterans • group treatment • Pacific Islanders • post-traumatic stress disorders • race-related stressors

Despite a strong dedication to ethnic minority and cross-cultural issues in the field of clinical and consulting psychology, much more has been said than done to address the demand for culturally appropriate forms of psychotherapy for ethnic minorities, often referred to as 'culturally competent health care' (e.g., Hall & Nakayama, 2001; Sue, 1998, 1999). Specifically, recent empirical findings suggest a particular need for treatment related to psychiatric symptoms associated with exposure to adverse race-related events. Research has shown that perceived discrimination experiences are a significant correlate of mental health among Latinos and Blacks (Stuber, Galea, Ahern, Blaney, & Fuller, 2003), and that perceived racial discrimination by African Americans contributes significantly to psychiatric symptoms (Klonoff, Landrine, & Ullman, 1999).

Ethnic minority Vietnam veterans who were exposed to race-related stressors during their military service comprise a special population of ethnic minorities in need of culturally competent mental health care (Hamada, Chemtob, Sautner, & Sato, 1988; Kiang, 1991; Loo, 1994; Loo & Kiang, 2003; Loo, Singh, Scurfield, & Kilauano, 1998; Parson, 1984a, 1984b, 1985, 1990; Penk & Allen, 1991). Looking like the enemy or identification with the people or culture of Vietnam adversely affected certain Asian American Pacific Islander (AAPI) veterans who served in the Vietnam War (Hamada et al., 1988; Loo, 1994; Loo & Kiang, 2003; Loo et al., 1998). Over three-quarters of a sample of 300 AAPI Vietnam veterans reported having been exposed to one or more negative race-related events in the military (Loo, Fairbank, & Chemtob, 2005). Adverse race-related stressors accounted for a significant proportion of the variance in explaining symptoms of post-traumatic stress disorder (PTSD) and general psychiatric distress among AAPI Vietnam veterans, even after controlling for combat exposure and military rank (Loo et al., 2001). Furthermore, research has found that adverse race-related events can be traumatic and can give rise to symptoms that meet criteria for PTSD diagnosis as specified in the Diagnostic and Statistical Manual (DSM-IV; American Psychiatric Association, 1994; Loo et al., 2005). Results of this program of research suggest that exposure to adverse race-related events can be a risk factor for PTSD among AAPI Vietnam veterans, related to being the same race as the enemy in a highly 'racialized' war (see Leventman & Camacho, 1980; Lifton, 1973; Shatan, 1978). Given the significant relationship

between exposure to adverse race-related events and PTSD, treatment approaches for psychiatric symptoms related to such events impact the accessibility and quality of mental health services for ethnic minority veterans and civilians.

Harrell (2000) defined race-related stress as emanating from 'the race-related transactions between individuals or groups and their environment that emerge from the dynamics of racism, and that tax or exceed existing individual and collective resources or threaten well-being' (p. 45). However, Loo et al. (1998) note that, in conditions of war, race-related stressors may not emerge solely from racism. Race-related stressors may emerge from social conditioning in a context where Asians became associated with life-threat in a guerrilla war where the enemy was Asian (Loo et al., 1998). Adverse race-related events may also be neurologically driven through activation of the amygdala (potential threat) to perceptions of faces of a different race or 'the out-group' (Hart et al., 2000). Combat (which requires split-second decision making for survival) may contribute to an American soldier interpreting ambiguous visual stimuli as life-threatening under conditions in which the designation of friend or foe is impaired; thus, fear-of-the-enemy can become associated with fear-of-Asians-in-general (Loo, 1994; Loo et al., 1998).

Treating Race-related Stresses with Support Groups

Clinical interviewing and psychotherapeutic techniques aimed at treating PTSD arising from race-related stresses among ethnic minority Vietnam veterans have largely been individual based (Loo, 1994; Loo et al., 1998; Parson, 1990). However, group approaches to treating psychological sequelae from race-related stresses for minority veterans may be efficacious as group approaches have been found relevant for joining persons who are coping with a disorder marked by isolation and alienation (Allen & Bloom, 1994). Vietnam veterans frequently express a sense of ostracism from the larger society, making group interventions relevant (Foy et al., 2000). Racism has been described as a pattern of relatedness in which individuals are socially and psychologically alienated from others, blocking possibilities of common identification (Blauner, 1972). Because social inclusion in one's military unit is often thought critical for survival in war, the racial estrangement and exclusion of an ethnic minority soldier by fellow American soldiers might be expected to be particularly stressful (Chemtob, 1996; Loo et al., 2001), hence a group intervention for persons exposed to such adverse events may be clinically effective.

Fahnestock (2002) and Elligan and Utsey (1999), who facilitated support groups for Asian American Vietnam veterans and African American male civilians respectively, provide thematic information about

the topic content of such groups, which were both race-stress focused. Noting the lack of written resources on approaches for conducting group counseling with AAPI veterans, Fahnestock (2002) facilitated a group of AAPI Vietnam veterans who had been diagnosed with PTSD and who reported having experienced overt racism in the military. He enumerated several themes in his group: (1) definitions of racism, (2) history telling, (3) ethics and values from a cultural standpoint, (4) personal experiences of racism in the military, (5) ethno-cultural methods of handling feelings, (6) access to care for minority veterans, (7) spiritual issues related to Asian cultures, (8) racism as it relates to PTSD, (9) ethnocentric attitudes regarding American holidays, and (10) maintaining racial identity in a racially plural society. Fahnestock enumerated several outcomes of the group experience, namely: (1) 'growth of understanding of the role played by racism in the development of PTSD symptoms and the impact of PTSD in veterans' current internal environment' (p. 12); and (2) strong group cohesiveness, which he found exceeded that of nonAAPI groups he had facilitated.

In their literature search of major psychology journals, Elligan and Utsey (1999) found no publications on treatment issues or case studies focused on effective coping skills to ameliorate the impact of racism on participants' lives. Describing their support group for African American men, Elligan and Utsey (1999) noted: 'the sharing of experiences relating to racism and the impact of oppression on the lives of [group] members' (p. 16). Common themes included: (1) the use of spiritualism or religion as a mechanism for coping with racism; (2) experiences of being 'pulled over at gunpoint' by the police for erroneous charges; (3) experiences of humiliation in front of White coworkers or classmates; (4) prejudice in the workplace; and (5) the felt need to work harder than White men to accomplish similar goals. The group process involved the implementation of 'Ntu' African-centered approach to treatment in which participants are encouraged to integrate principles of harmony, awareness, alignment, actualization, and synthesis in confronting racism and oppression (Elligan & Utsey, 1999).

Lacking in the literature on group approaches are models that explain how psychological symptoms develop for minority persons in response to adverse race-related events. Also lacking are models of group approaches to the treatment of such race-related symptoms. The objective of this article is to identify models that can provide the framework for facilitating a support group for Chamorro (natives of Guam) Vietnam veterans. First, we present a model to explain the cognitive–affective–behavioral stages by which symptoms related to adverse race-related events developed for ethnic minority Vietnam veterans, coupled with a stage-by-stage depiction of how each stage applied to the experiences of Chamorro veterans with

PTSD. Second, we describe a model that delineates treatment interventions for psychological symptoms arising from exposure to race-related stressors. Throughout, we address several cultural issues relevant to the development and treatment of psychological symptomatology related to adverse race-related events.

Rationale for a Race-related Stressors Group for Chamorro Vietnam Veterans

Statistics and clinical impressions drove the construction of a race-related stressor support group for Chamorro Vietnam veterans. The March 1993 issue of the *Veterans of Foreign Wars* magazine reported that Chamorro Vietnam veterans suffered a higher casualty rate per capita than any state of the United States. Guam led the nation with the highest casualty rate (killed in action; KIA) of any other state, with a ratio of 149.8 per 100,000. The next highest state, West Virginia, had a death rate of 84.1 for every 100,000 males. These findings suggest that Chamorro veterans may have been exposed to some unique experiences, adversities, or psychological issues while serving in the Vietnam War. One objective of this group was to try to understand what these psychological adversities might be.

Clinicians had observed a relatively high prevalence of PTSD among Chamorro veterans who sought treatment at the Guam Vet Center. Data collected on Chamorro participants in the Asian American Vietnam Veterans Race-related Study (AVRS; Loo et al., 2001) found frequent mentions of events in which the Chamorro veterans identified with the people, culture, and terrain of Vietnam, and revealed that the factor related to such experiences – Bicultural Identification and Conflict – was significantly correlated with symptoms of PTSD and general psychiatric distress.

A race-related stress support group for Chamorro Vietnam veterans seemed needed given the high rates of PTSD observed, along with a constellation of anger, bitterness, and disillusionment evidenced by many of these veterans. Their experiences seemed to commonly include: (1) feeling degraded and treated like second-class citizens by American military personnel; (2) perceptions of nonreciprocity from American military personnel despite the Chamorro soldier's military compliance and obedience; and (3) adverse treatment by American military personnel, which stood in contrast to the veteran's cultural identification with the Vietnamese people. Symptoms of PTSD, along with feelings of bitterness and disillusionment, need to be understood in terms of the Chamorros' strong sense of patriotic loyalty to the USA, driven in part by their history of liberation by Americans from the Japanese occupation during World War II.

CHAMORRO CULTURE AND HISTORY

To appreciate the Chamorro Vietnam veteran experience, it is important to examine some key historical events of Guam under colonial rule by several dominant nations. Prior to the 'discovery' of the Island of Guam by Spain in 1521, the indigenous people of Guam enjoyed a way of life characterized by an intricate cultural system that emphasized harmony with nature. Guam came under Spain's colonial rule in the mid-sixteenth, seventeenth, and eighteenth centuries after Spanish navigators sailing Spanish galleons found Guam to be an important halfway point on their established maritime trade route from Acapulco Mexico to Manila in the Philippines. A thriving trade was established in Manila, where Mexican silver brought by Spanish galleons was traded for goods from merchants from China and other parts of the 'Orient.' However, the 'discovery' of Guam by Spain marked the beginning of a gradual deterioration of cultural mores and identity. The Chamorro Spanish War resulted in the systematic killing of Chamorro males by the Spaniards in order to instill pacifism among the Chamorro. During this period, an indigenous population of about 100,000 was decimated to fewer than 5,000 persons. Intermarriage of Chamorro with other nationalities, along with the influx of Christianity and Catholicism, also altered traditional cultural beliefs over time.

In August of 1898, the Spanish American War ended Spain's colonial power, only to be replaced by American colonialism. In the 'trophies of war,' Guam became a U.S. possession and territory for 43 years. Then, in December of 1941, in the Pacific battles of World War II, the Japanese took control of Guam. Under Japanese occupation, the Chamorro were subjected to extreme oppression and torture. Three years later, on July 21, 1944, the American forces liberated Guam, which marked Guam's entry into the modern era. With the passage of the Organic Act of Guam, the United States Congress established in Guam a government system patterned after the United States, and U.S. citizenship was granted to all indigenous people of Guam. The 'liberation of Guam' is honored and revered by many in Guam, but an underlying sense of oppression still prevails.

A DEVELOPMENTAL MODEL OF RACE-RELATED STRESS IN THE MILITARY

This developmental model consists of six stages by which psychological symptoms develop in response to race-related stressors, with each stage identified with a premilitary, military, and/or postmilitary time frame (Figure 1). To the right of each developmental stage are found the thematic applications of each stage to the experiences of Chamorro Vietnam veteran (Figure 1). The first stage consists of premilitary *Cultural Values and*

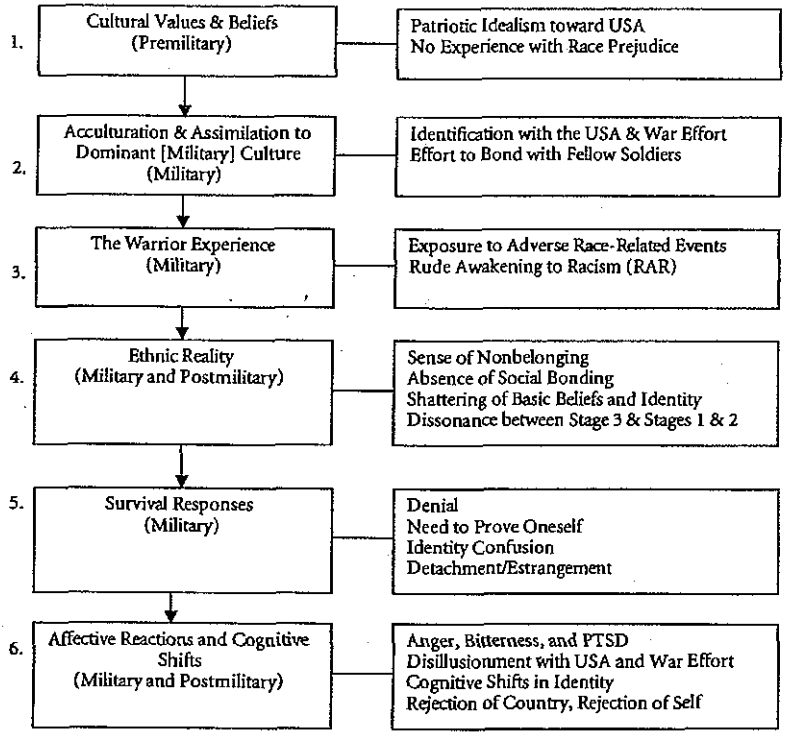

Figure 1 A developmental model of stages of responses to race-related stressors in the military and their applications to Chamorro Vietnam veterans.

Beliefs, which include the cultural traditions, lineages, and socialization patterns with which one was raised. For the Chamorro, this stage includes patriotic idealism toward the USA, self-identification as an American, a cultural value of reciprocity associated with the belief that dedication and obedience as a warrior should lead to appropriate commendation, and the absence of a construct or experiences of racism in one's premilitary cognitive schema. Because many Chamorro were raised as Catholic, this developmental stage may also include the value that 'thou shall not kill' for those raised with this religious background.

The second stage consists of *Acculturation and Assimilation to the Dominant [Military] Culture* in the military. In this stage, psychosocial bonding of combatants normally occurs in the process of acculturating and assimilating into the dominant [White] military culture. For the Chamorro, this stage is often experienced as 'hopeful idealism' in the USA

and its military, and an unconditional acceptance of and identification with the USA and the war cause or war effort. The Chamorro commonly engages in efforts to bond with fellow American combatants in this stage.

The third stage is the military *Warrior Experience*, that is, the experiences of the soldier in the theater of war. In the former stage, the Chamorro identified with the USA and took on the identity of an American soldier in war. However, it is in this stage that the Chamorro experienced adverse race-related events (e.g., racial prejudice and racial stigmatization, bicultural identification and conflict, and/or exposure to an anti-Asian environment). For the Chamorro, exposures to adverse race-related events may have been a 'Rude Awakening to Racism' (or 'RAR'; Chalsa Loo and Paula Morelli, personal communication).

The fourth stage is defined as *Ethnic Reality*, which can be military or postmilitary in time frame. In this stage, the ethnic minority soldier becomes aware that he is being treated differently and experiences a sense of nonbelonging after repeated instances of being prevented from bonding with White Americans. The Chamorro soldier may experience an absence of social bonding and a shattering of basic beliefs about his identity as an American and about American justice. In this stage, the soldier may experience stage three and four experiences (the *Warrior Experience* and *Ethnic Reality*) to conflict with stages one and two experiences (*Cultural Values and Beliefs* and *Acculturation and Assimilation*). The *Ethnic Reality* of unequal treatment may be challenged or contradicted by one's cultural values and beliefs (stage one), or by one's need to acculturate and assimilate to the larger dominate military culture (stage two). Adverse race-related experiences may also shatter basic assumptions about oneself and others, consistent with Janoff-Bulman's (1992) theory that psychological trauma involves the shattering of basic beliefs.

In the *Ethnic Reality* stage, there may be shift in ethnic affiliation from perceiving oneself as an American (or wanting to be American) to feeling ostracized by Americans. This identity shift can create cognitive dissonance between what one perceived oneself to be (an American) and how one is treated by others (a nonAmerican). This can lead to feelings of inferiority or to a bifurcation of identity (negation of being American as well as negation of being Asian/Pacific Islander identity; see Loo, 1994).

The fifth stage consists of *Survival Responses*. This military stage involves the incorporation of certain psychological reactions that generally operate while the soldier attempts to survive in times of crisis or combat. Reactions may include denial, a need to prove oneself, identity confusion, or detachment or estrangement from others.

The sixth and final stage is defined as *Affective Reactions and Cognitive Shifts*, which can occur in both military and postmilitary time frames. For the Chamorro soldier, affective reactions can involve anger, bitterness, and

symptoms of PTSD. Cognitive shifts may include increasing disillusionment with country (USA) or the war effort, or cognitive shifts in self-identity from 'American' to 'nonAmerican' that can lead to rejection of country or rejection of self.

Clinicians and peer counselors often first begin working with Chamorro Vietnam veterans at this stage of development, after the affective reactions have led to significant clinical impairments in employment or domestic relations. Psychological sequelae may include distrust of others, racial hypervigilance, or low self-esteem, along with symptoms of PTSD.

Facilitators, Participants, and Setting

The group was held at a Vet Center in the Pacific. Group facilitators were of AAPI ancestry; two were male and one female. The group met for five consecutive days for 1.5 hours per day, in keeping with a socioeducational group. There were nine participants in the group, all male, all self-identified as Chamorro or Chamorro/Pacific Islander, all Vietnam veterans. To be eligible for the group, participants needed to be Vietnam veterans with PTSD who had experienced adverse race-related experiences in the military, and who were able to handle a group process without being emotionally overwhelmed or potentially disruptive. Persons who were dependent on or abusing illegal substances were not eligible.

The types of adverse race-related events experienced by Chamorro veterans included: (1) being twice recommended for a medal for combat valor only to have it downgraded, which the veteran believed was because his last name was Asian; (2) repeatedly pulling guard duty with another ethnic minority (Hispanic); and (3) being passed up for promotion because of their association with certain Vietnamese people and Kit Carson Scouts attached to their unit. Participants who were Chamorro veterans in the AVRS study (Loo, 2001; Loo et al., 2001) described other adverse race-related experiences: (1) 'I was looked at as a VC [Viet Cong] . . . I was not accepted . . .'; 'I was told by one of the officers that I was expendable and could be replaced by one of them dinks right outside the gate in Saigon. Stateside, I was given the option to be with Whites or Blacks. . . the police told me that I didn't belong with the Blacks . . . [then] I was told I belonged with the Blacks'; (2) '[In training], I was always used as the target . . . During hand-to-hand combat, I was always the enemy . . .'; (3) '[I was called] 'Cong' in the States and 'Cong' in Vietnam;' (4) 'I was treated like a wetback [Mexican], and a Black . . . being a Pacific Islander, I really didn't know where I belonged; and (5) 'In Vietnam, I married a Vietnamese/French girl whom [I later discovered] the U.S. government considered a Viet Cong. She was terminated in front of me . . . I was told that that could also happen to me at any given time.'

Treatment Model for Race-related Trauma

The interventions for treatment of race-related stressors for Pacific Islander veterans with PTSD are found in Figure 2. Certain interventions borrow from cognitive restructuring approaches to treatment for PTSD (Moore, Zoellner, & Bittinger, 2004), and the social cognition literature (Ochsner & Lieberman, 2001). The main forms of interventions for this group included: (1) a presentation of the developmental model of stages of responses to race-related stressors, (2) discussion of race-related stressors and their psychological effects, (3) depersonalizing the discrimination, (4) cognitive reframing of perception of the USA, (5) identity

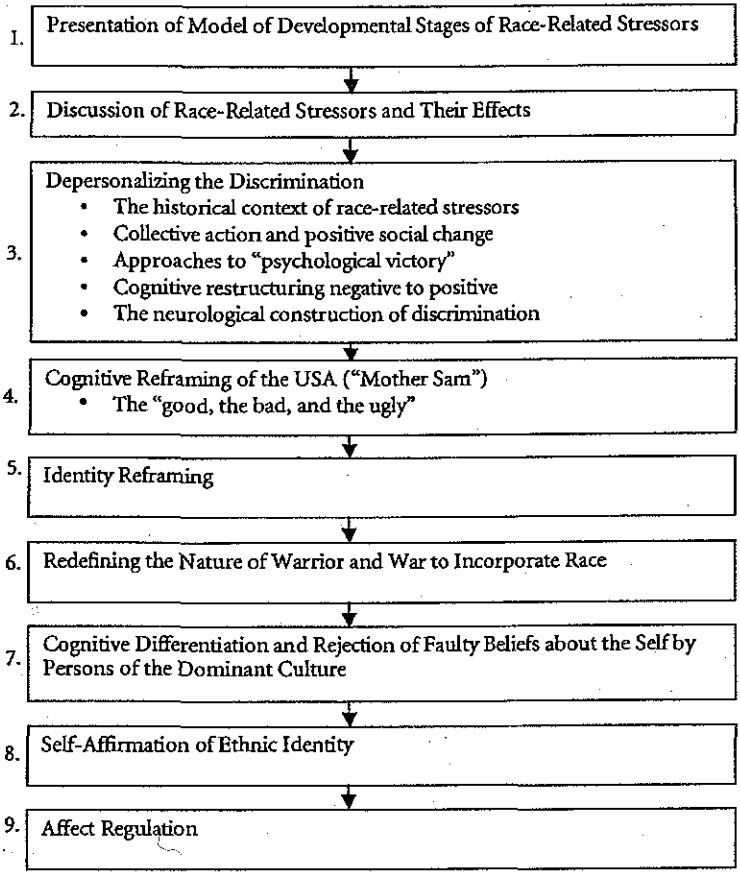

Figure 2 Group Interventions for Psychological Sequelae of Adverse Race-Related Events.

reframing, (6) redefining the nature of warrior and war, (7) cognitive differentiation and cognitive rejection of faulty beliefs about the self by persons of the dominant culture, (8) self-affirmation of one's ethnic identity, and (9) affect regulation.

Presentation of the Developmental Model

Clinically, Chamorro Vietnam veterans suffering from PTSD have been observed to evidence symptoms of unmanaged anger, depression, low self-esteem, and/or estrangement or detachment from others. For most of these veterans, the relationship between such affect and/or behavior and their adverse race-related experiences were not fully conceptualized, leaving these veterans without cognitive attribution for their emotions or actions, other than an angry sense of injustice, despair, or low self-esteem. The Chamorro cultural value of respect for authority, combined with lack of premilitary exposure to racial problems, seemed to make it difficult for these veterans to construct cognitive attributions for the adverse race-related events they encountered and also made it difficult for them to articulate their feelings about adverse treatment they had received while in the war.

The presentation of a model of developmental stages on the first day of the group was intended to serve two purposes: first, to provide an intervention to assist participants in managing their emotional reactivity to memories of adverse race-related events, and second, to provide an intervention to assist participants in acquiring an appropriate, or more appropriate, cognitive attribution for their experiences.

One of the difficulties in acquiring appropriate attributions was the lack of a cognitive context for understanding adverse race-related events. This lack seemed related to what participants described as their premilitary cognition that, 'There is no racism in Guam.' Participants commented that in the military, they felt like they were being taught for the first time to be prejudiced. They reported that they knew about the history of slavery in the US but did not connect it to their own experiences.

Discussion of Race-related Stressors and Their Effects

Treatment for race-related stresses is facilitated when participants can understand the potential relationship between race-related stressors and psychological ill-health, and more specifically, to understand how symptoms of PTSD can be related to adverse race-related events. This stage, discussed on the first and second days, involved a socioeducational presentation about race-related stressors. The focus was on understanding the dynamics of discrimination and racial or cultural stereotyping. Because most of these Chamorro veterans had not experienced overt

racism prior to their experiences in the Vietnam War, this phase seemed particularly important in framing a context for their experiences.

Racist treatment is often experienced as dehumanizing, leading the victim to feeling less human, less worthy, less competent, less trustworthy, less intelligent, and less important because this is how he is being perceived by others. The facilitators explained the potential link between 'treatment by others' and 'self-esteem,' and this intervention appeared to provide additional meaning to participants' emotional reactions.

There are also social consequences of racial discrimination and prejudice. The facilitators discussed social bonding and sense of belonging as they relate to race-related stressors in the military and in combat. The racially victimized are often treated as out-group members, left without a sense of belonging or affiliation. The facilitators linked this to the process in which persons who are unfamiliar or appear ambiguous-in-affiliation (friend or foe) are often perceived as threatening in the context of combat. Veterans who were racially harassed in a combat theater can feel isolated and alienated from the very persons with whom their survival in combat may depend, but the motivation for such treatment may be fear rather than malicious in intent.

Participants uniformly identified with the experience of nonbelonging. The group-treatment format seemed particularly therapeutic in counteracting this sense of nonbelonging.

DEPERSONALIZING THE DISCRIMINATION

Internalization of discrimination can lead to adverse mental health effects. Thus, approaches that assist participants in *depersonalizing discrimination* can be beneficial in ameliorating adverse mental health effects of race-related stressors. The depersonalizing discrimination intervention was implemented from day three onward.

This intervention consisted of five therapeutic approaches to depersonalizing perceived discrimination. The first approach involved describing how discrimination is historical and therefore need not be personal. This approach was intended to lessen the participants' sense of isolation or estrangement, and increase their sense of affiliation with other survivors of racial discrimination in the course of U.S. history, thereby creating a 'family of survivors.'

The second approach involved discussing how collective action can result in positive social change (e.g., the Civil Rights Movement leading to passage of civil rights legislation). Collective action followed by positive outcomes was discussed as an antidote to immobilization and helplessness, thereby increasing the individual's immunity to depression, isolation, or detachment.

The third approach to depersonalizing discrimination involved advancing the notion that a psychological victory (or personal vindication) results when one can: (1) 'prove the perpetrators wrong,' (2) alter the biased attitudes or behaviors of the oppressors, or (3) refuse to accept or internalize racist assumptions of racial inferiority. This strengthening of the self, including increases in self-insight, self-knowledge, and self-awareness, constitutes the individual's 'psychological warfare' against racial discrimination and its harmful effects.

The fourth approach involved encouraging participants to replace negative cognitions with more positive ones. We encouraged participants to focus on their accomplishments despite the military establishment's nonrecognition of such, and to raise the importance of self-assessment (or group assessment) over that of the military establishment. This approach reframed liabilities into assets (e.g., 'I'll make my physical resemblance to the enemy work for me,' or 'We may not win this [Vietnam] War, but I will win the larger war [against race prejudice] within me.' The intervention also encouraged a cognitive shift from viewing the military establishment as the giver of recognition to the group or self as the base of recognition.

Finally, the fifth approach to depersonalizing discrimination involved informing participants that racial prejudice may be neurologically driven (or socially conditioned in war where the enemy is Asian) and may not always be driven by malicious intent. This can serve to reduce, to some extent, emotions of anger, resentment, or bitterness over how one was treated.

Cognitive Reframing of the USA

Chamorro veterans commonly entered the Vietnam War perceiving the USA as 'Uncle Sam' or 'Mother Sam.' Their premilitary experiences with the USA consisted of a world of spam, corned beef, BUD, Lucky Lager, and Lucky Strikes. Most importantly, the USA was their liberator from the Japanese. There was general consensus in the group that prior to their war experience they felt that 'Mother Sam' would recognize their contributions, valor, and efforts. When recognition did not materialize, their hopeful idealism dissolved. Bitterness, confusion, or anger emerged. 'Mother Sam' was not the caring, loyal 'mother' but disinterested and abusive. As exposure to adverse race-related experiences became more frequent, 'Mother Sam' – the 'good mother' – became 'the bad mother.'

Some participants found 'Mother Sam' to be ignorant of their culture, for example, White American soldiers asked if Chamorro women are bare-breasted. Another felt like the American military establishment treated the Chamorro as 'the ugly.' The facilitators observed that the participants' race-related experiences in the Vietnam War created a great deal of disturbing cognitive dissonance in their perceptions of the US.

To deal with participants' shattered beliefs about the USA, participants were encouraged to reframe their disillusionment and bitterness about 'bad Mother Sam' to seeing the USA instead as 'the Good, the Bad, and the Ugly.' Participants were familiar with this film starring Clint Eastwood. They grasped the analogy. Rather than internalize the prejudiced attitude that they, as Chamorro, were 'the ugly,' participants were encouraged to cognitively reframe the USA as a nation containing elements of the good, the bad, and the ugly. This intervention allowed participants to reconstruct their cognition of the USA in a manner that integrated contradictions, thereby reducing cognitive dissonance.

IDENTITY REFRAMING

In this stage, facilitators focused on reframing the veteran's identity, where it seemed appropriate to mental health. Acknowledging and embracing the uniqueness of one's racial and ethnic identity and culture was the focus of this intervention. Participants discussed who they were before entering the military, and who they became during and after their military tour of duty. Participants discussed 'What is Chamorro?' and what constituted the core values of Chamorro culture. In addition, Chamorro Catholic beliefs were discussed and how these may have created additional psychological conflicts in war (e.g., the 'Thou shall not kill' contrasted with military loyalty to 'Mother Sam' who required the soldier to kill).

REDEFINING THE NATURE OF WARRIOR AND WAR TO INCORPORATE RACE

In this intervention, the focus was on defining what 'war(s)' the veterans fought and how they, as soldiers, functioned as 'warrior(s).' Defining participants as warriors of *two* wars – a war of combat and a war of racism – appeared to validate participants' race-related experiences, enhance self-worth, and increase sense of pride in one's service-connected accomplishments and challenges. The suggestion that these veterans gave 200% – by fighting in combat and fighting racism – seemed of therapeutic benefit in terms of raising self-esteem. Facilitators' acknowledged the veterans' accomplishments, which included experiences of feeling they had been 'fired at twice in the line of duty [combat assault and racial assault].'

The facilitators attempted to cognitively restructure participants' disillusionment that 'Mother Sam' never recognized their valor and skill (e.g., the awarding of medals) by examining whether bitterness over nonrecognition (which 'keeps you down') might be more functionally replaced with self or group pride in each participant's achievements. By

sharing their achievements with others in the group, this intervention involved perceiving '*culture-bound* acknowledgement' as perhaps being more important than 'recognition by the [military] establishment.' Redefining the nature of war also meant sharing personal meanings of the Vietnam War – as sane or insane, meaningful or absurd, human or inhuman. The focus was on conceptualizing of survival from 'two wars,' and coming to peace with their reframed cognition of the 'good bad ugly Mother Sam.'

Other race-related events were cognitively restructured, where appropriate. Being repeatedly assigned to 'point man' could, on the one hand, be interpreted as racial exploitation of those who looked Asian, or could signify that Chamorro were perceived as more expendable than Whites. Reframing 'exploitation' into 'both-exploitation-and-honor' appeared to have more therapeutic value that the sole perception of 'exploitation' alone. The new cognition suggested that the greater threat that one faced, the greater the valor, honor, and competence should be bestowed on that party, regardless of whether that valor was recognized by those in command or not.

Cognitive Differentiation and Rejection of Faulty Beliefs about the Self

This intervention encouraged participants to cognitively differentiate *who they are* from *how they are perceived by others [of the dominant culture].* Majority members may perceive the ethnic minority member in ways that contradict the minority member's perception of himself, and the minority member may be prone to internalizing the negative perception of the majority. Group comments reflecting how participants felt they were perceived, as in being treated like a wetback or a second class citizen, 'getting the leftovers,' not being considered equal, being used as bait, being passed up for promotion, getting all the responsibility but no respect, then hating the military at discharge.

The facilitators stressed the importance of differentiating 'reality' from 'perception,' recognizing that just because an authority figure 'perceives' you to be inferior does not make that a 'reality.' The facilitators stressed the importance of resisting social pressure to internalize the majority persons' perception that one is inferior or less equal. The therapeutic focus was on building the participant's capacity to realize that the perception: 'I *was perceived* as incompetent and inferior' does not mean 'I *am* incompetent and inferior.' Once that cognitive distinction is recognized, participants were encouraged to dis-inherit the false perception and inherit the more accurate (and more healthy) cognition – 'I am competent and equal to anyone.' The therapeutic focus was on cognitively reframing the

meaning of an event so that the participant could reject being treated differently even though he cannot change the reality that he *was* treated differently.

Mental health requires that the victim of racial prejudice reject the disaffirming message or stereotype. Therapeutically, it seemed important to psychologically combat the internalization of negative social cognitions with positive reinforcements of self-identity and worth. To resist the psychological impact of racism on the victim, it seemed important for the victim to *affirm* what is *not* being affirmed in order to resist feeling victimized. Examples of such cognitive reframing include the Black Movement's efforts to reframe 'Black as ugly' to 'Black is beautiful,' or Jesse Jackson's reframing the self-cognition of 'I am nobody' to the self-cognition 'I am somebody!' for African American males. To combat the adverse mental health effects of racism, the recipient needs to reject the disaffirming message while also assuring his or her survival.

Being perceived negatively but knowing that this perception is faulty may be experienced as cognitive dissonance. However, our therapeutic approach was to encourage participants to maintain a cognitive framework that included inconsistency (or 'dual cognitions') as one approach to dissonance reduction. We proposed that the racially victimized individual will function more effectively if he or she tries to cope with two realities – the reality of the majority culture, and the reality of what the individual knows is true for him- or herself.

Surviving racism requires the ethnic minority to live with cognitive dissonance as a reality of life, that is, to accept the discrepancy between Whites' attitudes and beliefs and their own (or their culture's) attitudes and beliefs. The facilitators worked to strengthen participants' sense of self-esteem – one approach to coping with the inconsistencies inherent in being treated differently.

The importance of this intervention is that one must reject faulty stereotypes of one's ethnicity in order to maintain mental health and effective functioning. Examples taken from U.S. history were shared in the group. Hitler's racist cognitions of White supremacy were proved false by the Olympic victories of Jesse Owens, thereby validating the point that the racially victimized can triumph despite racism. Mohammed Ali – jailed, stripped of his boxing title – was rejected by the American legal and boxing establishment but is today considered one of America's greatest athletes, a courageous hero, and a man of conviction.

Self-affirmation of Ethnic Identity and Spiritual Healing

The intervention of self-affirmation of ethnic identity involved rediscovering one's Chamorro cultural identity and recognizing the values

inherent in that culture. Spiritual healing involved embracing the cultural beliefs and values that facilitate psychological healing and harmony of body, mind, and spirit. The re-affirmation of healthy cultural beliefs and values of one's culture as well as the aspects of one's culture that created psychological conflicts with seemingly contradictory values in the Vietnam War served as the focus of this intervention.

Affect Regulation

This intervention involved examining how cognitive systems can be used to generate and regulate emotional experiences (Ochsner & Lieberman, 2001). We addressed affect regulation in this way: 'This individual is biased against me. I feel hurt and angry at being treated differently. But how can I think about this so that I can achieve my desired outcome and not let my hurt or anger harm me?'

The focus of this intervention was on encouraging participants to avoid the pitfalls of 'immobilizing anger,' and 'enduring depression.' Stressing that immobilizing anger and hatred clouds clarity of thinking, and that persistent depression drains energy needed for problem-solving, the facilitators focused on the mental health gains of 'rising above' the racism and prejudice. The focus here was on emotional regulation and on healthy ways of emotionally processing events.

Discussion

Chamorro Vietnam veterans with service-connected PTSD were participants in a race-related stressor focused group. Common to all participants was an experience of profound disillusionment with a nation that they had previously held in heroic proportion, a nation that had liberated them from the Japanese occupation in a previous war. These veterans were exposed to events while serving in the U.S. Armed Forces in the Vietnam War that challenged positive premilitary cognitions about the United States of America and challenged their sense of identity and belonging as Americans. For members of this group, their admiration of Uncle Sam or 'Mother Sam' was shattered. The effects of being treated as inferior, as a nonAmerican interchangeable with the enemy, their valor being considered less deserving of military recognition, seemed to have left these veterans 'identity-less,' with a deep sense of nonbelonging, angry and estranged from others, and in some cases, themselves.

We developed a group approach to treating symptoms related to adverse race-related events based on a developmental model of six stages by which adverse race-related experiences entered into and affected ethnic minority soldiers' experiences.

Group treatment for persons homogeneous by race or ethnicity, to deal with issues of race, appeared to be an effective approach to treatment. The group setting seemed particularly helpful to combating a sense of ostracism, estrangement, or exclusion of these ethnic minority members from members of the majority culture or race. The group format appears to have been clinically beneficial as it created bonding among those who had previously felt a profound sense of nonbelonging, not only as Vietnam veterans, but also as ethnic minorities whose adverse race-related events were perceived to mean they did not belong. Ethnically homogeneous group approaches seem particularly therapeutic for ethnic minorities who have been exposed to adverse race-related events, as it counteracts the sense of profound nonbelonging, which estranged these veterans from others and themselves.

This group applied cognitive restructuring techniques to treat psychological symptoms arising from adverse race-related events. The intervention model for psychological sequelae of adverse race-related events included: (1) the presentation of the model of developmental stages of responses to race-related stressors for purposes of affect regulation when adverse race-related experiences are recalled, and to provide possible cognitive attribution; (2) discussion of race-related stressors and their effects, in order to provide a cognitive context for affective states; (3) depersonalizing discrimination; (4) cognitive reframing of the perpetrators (or establishment) that permits an integration of contradictory cognitions toward the goal of dissonance reduction, (5) identity reframing; (6) redefining the nature of warrior and war to incorporate issues of race; (7) cognitive differentiation and rejection of faulty stereotypes about the self by persons of the dominant race; (8) self-affirmation of ethnic identity and spiritual healing; and (9) affect regulation. In short, cognitive restructuring aimed at dissonance reduction or integration of dual cognitions may be an important psychological intervention in the treatment of sequaelae arising from exposure to adverse race-related events.

This treatment model has not been subjected to rigorous validation. Replications of the development and group treatment models for race-related stress for minority veterans and control group comparisons are needed to assess the efficacy of this treatment approach. To our knowledge, however, we are the first persons to address 'identity reframing' as a therapeutic intervention. More work is needed to delineate this concept and intervention.

Nevertheless, our group observations raise interesting questions for future work. Is the experience of being treated as nonAmerican in a war in which one is fighting as an American adversely affected by a prior condition in which this cultural people have historically been oppressed? Does this history of oppression by the Spanish, the Americans, the

Japanese, then being liberated by the Americans, create unique psychological adversities for these soldiers? Is mistreatment in the military a trigger for past mistreatment of one's people and culture to those who have been previously oppressed or colonized? Future clinical research is needed to assess the distinct conditions facing Chamorro Vietnam veterans, as similar to or distinct from other ethnic minority veteran groups.

In summary, it appears that PTSD and other psychiatric distress symptoms related to adverse race-related events can be treated with an integration of group intervention, socioeducation intervention, identity reframing, and cognitive-restructuring techniques within the context of understanding the cultural and historic distinctions of the ethnic minority population of concern. Much more needs to be done to develop evidence-based treatment for race-related psychological symptoms.

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